

Personal and confidential.

VOTING PAPER

(1) *Resolved*, that the Medical Association of South Africa (B. M. A.) take steps to promote the policy of payment to medical men for services rendered to "free" patients

in Teaching Hospitals
in General Hospitals
in First Grade Hospitals
in Second Grade Hospitals
in Third Grade Hospitals
in Clearing Hospitals

(2) *Resolved*, that the Medical Association of South Africa (B. M. A.) take steps to promote the policy of handing over to the visiting staff of public hospitals a reasonable part of the fees collected from "part-paying" patients

in all hospitals
only in hospitals where "free" patients are attended without remuneration by members of the visiting staff

(3) *Resolved*, that the Medical Association of South Africa (B. M. A.) take steps to promote the policy of paying a reasonable proportion of all fees received from paying patients examined or treated by any radiological or physiotherapeutic means to the member of the medical staff who carried out such treatment or examination, unless he be a full-time employee.

Date:

Signature:

Note.—Write "Yes" or "No" on each of the blank lines. Sign legibly at bottom opposite "Signature" and give date.

Return to: Dr.

Address:

HOSPITAL CONSTRUCTION COSTS

New Acute Unit of the Los Angeles County General Hospital

The following article appeared in the Los Angeles Times of June 8 last. The heading, subheadings, and text of the article are as follows:

HOSPITAL COST CITED IN AUDIT

Total on New Acute Unit, \$12,724,112.79

General Institution Paid for Out of Taxes

Architects' Fees Placed at \$889,315.07

The article itself is as printed below:

A total of \$12,724,112.79 has been spent thus far on the new acute unit of the General Hospital, largest institution of its kind in the world, according to figures compiled by County Auditor Payne and turned over to the Board of Supervisors.

According to officials, no further tax levy will be needed to complete the huge structure, which has thirty-five acres of floor space, and only \$250,000 will be required from next year's revenue to furnish and equip enough of the structure to care for eight hundred patients. These will be moved to the building some time in September.

HUGE SUMS PAID

According to the auditor's figures, the architects on the committee handling the contracts for the new building have been paid, up to date, \$889,315.07 for their services.

The largest sum expended in one item is \$2,832,417 paid the general contractors, the Weymouth Crowell Company. The next largest item is one of \$1,055,261 paid for structural steel. The architects' bill is third on the list.

The site cost \$495,094, but excavation work came to \$141,765, and \$147,011 was required to fence the grounds.

The elevators cost \$427,350; plumbing, \$733,261; electrical work, \$689,091; cement, \$489,876; lathing, \$402,741; painting, \$128,482; sterilizing equipment, \$366,193; hardware, \$139,094; tables and lockers, \$104,460.

TAXES MET COSTS

A patented material known as terra torrazo placed in hallways and walls cost \$438,819, and plastering \$342,055. Tile cost \$292,035 and linoleum, \$140,458. Kitchen equipment cost \$107,461.

Walks and driveways cost \$44,109 and a sprinkling system for the lawns, \$32,095.

According to county officials, with the exception of \$2,289,418 raised by a bond issue, the entire cost has been borne by general taxes.

The electric lighting fixtures to cost in the neighborhood of \$90,000 are yet to come.

TWENTY-FIVE YEARS AGO*

EXCERPTS FROM OUR STATE MEDICAL JOURNAL

Vol. V, No. 7, July 1907

From some editorial notes:

State Society Secretaries.—One very pleasant and exceedingly profitable evening was spent, at Atlantic City, at a meeting, about the dinner table, of some eighteen or twenty secretaries of state medical societies. The idea was certainly an excellent one, and steps have been taken to make such a gathering a permanent feature of the meetings of the American Medical Association. . . .

Pure Food Commission.—The Pure Food Commission of the State Society, the creation of which was authorized at the last meeting, has organized and begun its work in a very energetic manner. The chairman is Dr. Fitch C. E. Mattison, and the secretary is Dr. George Kress, both of whom may be addressed at the Stowell Building, Pasadena, California. In the last issue of the journal we published an outline of the plan of this commission and of its proposed work. Certainly no more important task presents itself to the physician who is cognizant of the filthy and disgraceful condition of our milk supply than this phase of the work of the commission. . . .

From an article on "*The Amplitude of Accommodation at Different Periods of Life, and Its Relations to Eye-Strain*" by Edward Jackson, M. D., Denver, Colorado.

Our notions of "eye-strain" are chiefly concerned with strain of accommodation, and strain in maintaining binocular fusion. And it must be admitted that our ideas connected with strain of accommodation are far better developed and more definite than those connected with strain to overcome imbalance of the extra-ocular muscles. Astigmatism and hyperopia attain their enormous practical importance through the strain of accommodation that they entail. . . .

From an article on "*Aneurysm of the Left Ventricle with Report of Case*" by William C. Voorsanger, M. D., San Francisco.

Cardiac aneurysms are of very unusual occurrence, and as such should be looked upon principally as pathological curiosities. By this I mean that they are seldom or never clinically recognized, being found as a general rule only at autopsy. This may be accounted for by the fact that such aneurysms are usually occasioned by myocarditic or atheromatous trouble, and that the clinical signs and symptoms of the former are those of the latter disease.

From an article on "*The Differential Diagnosis of Organic from Functional Dyspepsia*" by Dr. Dudley Fulton, Los Angeles.

The method in vogue of studying the gastric functions, while advanced over those employed several years ago, are still inaccurate and deficient in diagnosing many cases of dyspepsia. Clinical instances are common with all of us in which, after a gastric analysis, we are still in doubt as to the pathological condition giving rise to the sub- or hyperacidity, or whatever the stomach findings may happen to have been. . . .

From an article on "*Throat Infections of Childhood*" by Saxton T. Pope, M. D., Watsonville.

By far the most frequent disease of childhood is throat infection. In hospital and clinic work this is not apparent, because of the transitory nature of the disease, and in these institutions we seldom see but

* This column strives to mirror the work and aims of colleagues who bore the brunt of state society work some twenty-five years ago. It is hoped that such presentation will be of interest to both old and recent members.